

**THE PROPOSAL MUST BE RECEIVED BEFORE THE CLOSE OF  
BUSINESS ON  
AUGUST 19, 2016**

**LATE PROPOSALS WILL NOT BE ACCEPTED  
RETURN YOUR SIGNED PROPOSAL TO:**

**RICK DUTKO  
FOREST RESOURCE EDUCATION CENTER  
495 DON CONNOR BOULEVARD  
JACKSON, NJ 08527**

**FAX: 732-928-8472**

**AGENCY PERSON TO CONTACT:**

**RICK DUTKO  
732-928-0987**

**E-MAIL: [RICK.DUTKO@DEP.NJ.GOV](mailto:RICK.DUTKO@DEP.NJ.GOV)**

**AWARD OF CONTRACT IS CONTINGENT UPON THE VENDOR  
SUBMITTING FULLY EXECUTED STATE REQUIRED DELEGATED  
PURCHASING AUTHORITY FORMS, WHICH CAN BE FOUND AT  
[HTTP://WWW.STATE.NJ.US/TREASURY/PURCHASE/FORMS/DPA\\_PACKET.PDF](http://www.state.nj.us/treasury/purchase/forms/dpa_packet.pdf) . IN ADDITION, CONTRACT AWARD WILL BE  
CONTINGENT UPON THE VENDOR BEING REGISTERED WITH THE  
STATE OF NEW JERSEY, DIVISION OF REVENUE AND POSSESSING  
A VALID BUSINESS REGISTRATION CERTIFICATE AT TIME OF  
CONTRACT WORK. VENDORS THAT ARE NOT REGISTERED WITH  
THE DIVISION OF REVENUE CAN FILL OUT A BUSINESS  
REGISTRATION APPLICATION, FOUND AT  
[HTTP://WWW.STATE.NJ.US/TREASURY/REVENUE/GETTINGREGISTERED.SHTML](http://www.state.nj.us/treasury/revenue/gettingregistered.shtml)**

**REQUEST FOR PROPOSAL**  
**AGENCY REFERENCE NO.: FREC003**

**SPECIFICATIONS – PORTABLE SAWMILL & TRAILER KIT**  
 (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)

Description	Amount
<p>Portable sawmill and trailer kit delivered and installed to:</p> <p>The Forest Resource Education Center            495 Don Connor Boulevard            Jackson, NJ 08527</p> <p>Specifications:</p> <ul style="list-style-type: none"> <li>• Sawmill - 35 HP – Diesel</li> <li>• Log Capacity: 36" diameter, 21' long, 28" board width</li> <li>• Lubrication System</li> <li>• Edger, 26.5 HP Fuel Injected Gas Twin-Blade</li> <li>• Twin Blade Roller</li> <li>• Debarker</li> <li>• Trailer Kit to transport the sawmill to other locations</li> </ul> <p>Price quote should include delivery and installation on site to Jackson, New Jersey</p>	
<b>TOTAL</b>	

VENDOR'S FEDERAL I.D. NUMBER: \_\_\_\_\_

VENDOR'S TELEPHONE NO.: \_\_\_\_\_

\_\_\_\_\_  
 VENDOR'S SIGNATURE (Must be Signed)

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT OR TYPE NAME